

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 032 ****70.00

DOCUMENT # N23517 1. Entity Name BELL FAMILY FOUNDATION, INC.					
Principal Place of Business 100 CASUARINA CONOURSE CORAL GABLES, FL 33143 US			Mailing Address 100 CASUARINA CONOURSE CORAL GABLES, FL 33143 US		
2. Principal Place of Business - No P.O. Box # 457 Leucadendra Drive		3. Mailing Address 457 Leucadendra Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL Gables, FL		City & State CORAL Gables, FL		4. FEI Number 65-0016516	
Zip 33156		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, RODNEY H C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BELL, DANIEL M. 100 CASUARINA CONOURSE CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BELL, PATRICIA B. 100 CASUARINA CONCOUSE CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL JR., DANIEL M. 116 WOODLANDS WEST COLUMBIA, SC 29229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BELL, RODNEY H 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 30px; border: 1px solid black;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 30px; border: 1px solid black;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 30px; border: 1px solid black;"></div>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <div style="text-align: center;"> Daniel M. Bell - President </div>					